

ISSUE SLIP STAPLE AREA (for additional cross references)

*49665 3-8-99*

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>70000</i>	<i>7-17-97</i>
O.I.P.E. CLASSIFIER		<i>31</i>	<i>1/21/99</i>
FORMALITY REVIEW	<i>Og</i>	<i>49665</i>	<i>1-28-99</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here